



**HEALTH ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2010
OF THE CONDITION AND AFFAIRS OF THE**

Priority Health

NAIC Group Code	3383 (Current Period)	3383 (Prior Period)	NAIC Company Code	95561	Employer's ID Number	38-2715520
Organized under the Laws of		Michigan		State of Domicile or Port of Entry		Michigan
Country of Domicile			United States			
Licensed as business type:	Life, Accident & Health []	Property/Casualty []	Dental Service Corporation []			
	Vision Service Corporation []	Other []	Health Maintenance Organization [X]			
	Hospital, Medical & Dental Service or Indemnity []	Is HMO, Federally Qualified? Yes [] No [X]				
Incorporated/Organized	03/07/1986		Commenced Business	10/15/1986		
Statutory Home Office	1231 East Beltline NE (Street and Number)			Grand Rapids, MI 49525-4501 (City or Town, State and Zip Code)		
Main Administrative Office	1231 East Beltline NE (Street and Number)			Grand Rapids, MI 49525-4501 (Area Code) (Telephone Number)		
Mail Address	1231 East Beltline NE (Street and Number or P.O. Box)			Grand Rapids, MI 49525-4501 (City or Town, State and Zip Code)		
Primary Location of Books and Records	1231 East Beltline NE (Street and Number)			1231 East Beltline NE (Area Code) (Telephone Number)		
	Grand Rapids, MI 49525-4501 (City or Town, State and Zip Code)			616-464-8926 (Area Code) (Telephone Number)		
Internet Website Address	www.priority-health.com					
Statutory Statement Contact	Kristy Shoemaker (Name)			616-464-8926 (Area Code) (Telephone Number) (Extension)		
	kristy.shoemaker@priority-health.com (E-mail Address)			616-942-7916 (FAX Number)		

OFFICERS

Name	Title	Name	Title
Kimberly K Horn	President / Chief Executive Officer	Gregory A Hawkins	Treasurer / Chief Financial Officer
Kimberly J Thomas #	Secretary		

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Dennis Aloia	Craig H Bethune	Richard C Breon	Georgia R Fojtasek
Michael P Freed	Lynn Kotecki	Rajesh Kothari #	Lynn Liddle #
Peter B Lundeen	Christina MacInnes	Edward M Millermaier	Kathleen S Ponitz
Robert W Roth	Paul Saginaw #	Thomas G Schwaderer	Timothy V Smith
Dale M Sowders	James J Stephanak	Jody D Vanderwel	Samuel Wanner #

State ofMichigan.....
County ofKent.....

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Kimberly K. Horn
President / Chief Executive Officer

Gregory A. Hawkins
Treasurer / Chief Financial Officer

Kimberly L. Thomas
Secretary

Subscribed and sworn to before me this
____ day of February, 2011

a. Is this an original filing? Yes [X] No []
b. If no,
 1. State the amendment number _____
 2. Date filed _____
 3. Number of pages attached _____

Catherine H. Sochanek
Executive Administrative Assistant
05/12/2016

Catherine H. Sochanek _____ **3. Number of pages attached** _____

Catherine H. Sochanek _____
Executive Administrative Assistant _____
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05/12/2016

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ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Priority Health

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals	435,347	19,888	0	88,245	.88,245	.455,235
Group subscribers:						
State of Michigan	3,558,787	75,028	0	6,313	6,313	3,633,815
0299997 Group subscriber subtotal	3,558,787	75,028	0	6,313	6,313	3,633,815
0299998 Premiums due and unpaid not individually listed	10,629,024	799,919	0	117,238	117,238	11,428,943
0299999 Total group	14,187,811	874,947	0	123,551	123,551	15,062,758
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	14,623,158	894,835	0	211,796	211,796	15,517,993

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Priority Health

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Individually Listed Receivables:						
Express Scripts.....	1,579,704	1,579,703	1,579,703	1,139,486	1,139,486	4,739,110
ICORE.....	360,435	360,435	360,435	1,103,353	1,103,353	1,081,305
0199999 - Totals - Pharmaceutical rebate receivables	1,940,139	1,940,138	1,940,138	2,242,839	2,242,839	5,820,415
0299998 - Aggregate of amounts not individually listed above.	596,076	189,101	305,190	0	0	1,090,367
0299999 - Totals - Claim Overpayment Receivables	596,076	189,101	305,190			1,090,367
0399998 - Aggregate of amounts not individually listed above.	17,520	9,956	2,130	741,165	747,064	23,707
0399999 - Totals - Loans and Advances to Providers	17,520	9,956	2,130	741,165	747,064	23,707
0699998 - Aggregate of amounts not individually listed above.	50,905	66,497	2,441	93,625	93,625	119,843
0699999 - Totals - Other Receivables	50,905	66,497	2,441	93,625	93,625	119,843
0799999 Gross health care receivables	2,604,640	2,205,692	2,249,899	3,077,629	3,083,528	7,054,332

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Priority Health

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims						
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0199999 Individually listed claims unpaid.....	0	.0	.0	.0	.0	0
0299999 Aggregate accounts not individually listed-uncovered.....	3,817,088					3,817,088
0399999 Aggregate accounts not individually listed-covered.....	40,617,283					40,617,283
0499999 Subtotals	44,434,371	0	0	0	0	44,434,371
0599999 Unreported claims and other claim reserves.....						84,116,634
0699999 Total amounts withheld.....						54,223
0799999 Total claims unpaid.....						128,605,228
0899999 Accrued medical incentive pool and bonus amounts.....						27,462,429

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Priority Health

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually Listed Receivables:							
Spectrum Health.....	7,009,180	0	.0	0	0	7,009,180	0
Priority Health Managed Benefits, Inc.....	2,093,092	0	.0	0	0	2,093,092	0
0199999 Individually listed receivables	9,102,272	0	.0	0	0	9,102,272	0
0299999 Receivables not individually listed	1,395,421	0	0	0	0	1,395,421	0
0399999 Total gross amounts receivable	10,497,693	0	0	0	0	10,497,693	0

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Priority Health

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Priority Health Insurance Company.....	Premium.....	14,292,907	14,292,907	.0
Priority Health Managed Benefits, Inc.....	Trade.....	8,203,866	8,203,866	.0
Spectrum Health Systems.....	Risk Share.....	3,931,188	3,931,188	.0
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0199999 Individually listed payables.....		26,427,961	26,427,961	.0
0299999 Payables not individually listed		3,046,981	3,046,981	
0399999 Total gross payables		29,474,942	29,474,942	0

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Priority Health

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	22,201,980	1.5		.0	22,201,980	
2. Intermediaries	0	0.0		0.0	0	
3. All other providers	24,284,285	1.6		0.0	24,284,285	
4. Total capitation payments	46,486,265	3.1	0	0.0	46,486,265	0
Other Payments:						
5. Fee-for-service	116,026,564	7.7	XXX	XXX	XXX	116,026,564
6. Contractual fee payments	779,346,961	51.9	XXX	XXX	XXX	779,346,961
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX	XXX	0
8. Bonus/withhold arrangements - contractual fee payments	560,254,449	37.3	XXX	XXX	XXX	560,254,449
9. Non-contingent salaries	0	0.0	XXX	XXX	XXX	0
10. Aggregate cost arrangements	0	0.0	XXX	XXX	XXX	0
11. All other payments	0	0.0	XXX	XXX	XXX	0
12. Total other payments	1,455,627,974	96.9	XXX	XXX	XXX	1,339,601,410
13. Total (Line 4 plus Line 12)	1,502,114,239	100 %	XXX	XXX	1,386,087,675	116,026,564

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
	NONE				
9999999 Totals				XXX	XXX

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EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	2,271,148	.0	1,870,043	401,105	401,105	.0
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment	37,852,344	0	21,846,066	16,006,278	16,006,278	0
6. Total	40,123,492	0	23,716,109	16,407,383	16,407,383	0



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ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Priority Health

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Priority Health

2. _____

(LOCATION)

NAIC Group Code	3383	BUSINESS IN THE STATE OF Michigan			DURING THE YEAR 2010					NAIC Company Code	95561
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			2	3							
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:											
1. Prior Year		380,816	1,577	361,332	0				17,907		
2. First Quarter		413,245	1,514	368,256	.185				43,290		
3. Second Quarter		420,709	1,515	373,859	.302				45,033		
4. Third Quarter		425,630	1,558	377,320	.393				46,359		
5. Current Year		432,079	1,549	382,707	.547				47,276		
6. Current Year Member Months		5,055,349	18,365	4,493,354	3,805				539,825		
Total Member Ambulatory Encounters for Year:											
7. Physician		4,327,240	13,843	3,386,875	5,519				921,003		
8. Non-Physician		476,342	1,524	372,827	607				101,384		
9. Total		4,803,582	15,367	3,759,702	6,126	0	0	0	1,022,387	0	0
10. Hospital Patient Days Incurred		158,820	337	82,354	70				76,059		
11. Number of Inpatient Admissions		32,152	86	21,039	18				11,009		
12. Health Premiums Written (b).....		1,655,212,590	6,662,493	1,271,409,399	.530,606				.376,610,092		
13. Life Premiums Direct.....		0									
14. Property/Casualty Premiums Written.....		0									
15. Health Premiums Earned.....		1,653,567,235	6,654,143	1,269,815,884	.530,302				.376,566,906		
16. Property/Casualty Premiums Earned.....		0									
17. Amount Paid for Provision of Health Care Services		1,502,114,239	7,227,533	1,182,699,890	.338,097				.311,848,719		
18. Amount Incurred for Provision of Health Care Services		1,534,562,042	7,365,399	1,185,990,249	.345,448				.340,860,946		

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 376,610,092



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Priority Health

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Priority Health

2. _____

(LOCATION)

NAIC Group Code	3383	BUSINESS IN THE STATE OF Consolidated	1	DURING THE YEAR 2010								NAIC Company Code	95561
				2	3	4	5	6	7	8	9		
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:													
1. Prior Year		380,816	1,577	361,332	0	0	0	0	17,907	0	0		
2. First Quarter		413,245	1,514	368,256	185	0	0	0	43,290	0	0		
3. Second Quarter		420,709	1,515	373,859	302	0	0	0	45,033	0	0		
4. Third Quarter		425,630	1,558	377,320	393	0	0	0	46,359	0	0		
5. Current Year		432,079	1,549	382,707	547	0	0	0	47,276	0	0		
6. Current Year Member Months		5,055,349	18,365	4,493,354	3,805	0	0	0	539,825	0	0		
Total Member Ambulatory Encounters for Year:													
7. Physician		4,327,240	13,843	3,386,875	5,519	0	0	0	921,003	0	0		
8. Non-Physician		476,342	1,524	372,827	607	0	0	0	101,384	0	0		
9. Total		4,803,582	15,367	3,759,702	6,126	0	0	0	1,022,387	0	0		
10. Hospital Patient Days Incurred		158,820	337	82,354	70	0	0	0	76,059	0	0		
11. Number of Inpatient Admissions		32,152	86	21,039	18	0	0	0	11,009	0	0		
12. Health Premiums Written (b)		1,655,212,590	6,662,493	1,271,409,399	530,606	0	0	0	376,610,092	0	0		
13. Life Premiums Direct		0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned		1,653,567,235	6,654,143	1,269,815,884	530,302	0	0	0	376,566,906	0	0		
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services		1,502,114,239	7,227,533	1,182,699,890	338,097	0	0	0	311,848,719	0	0		
18. Amount Incurred for Provision of Health Care Services		1,534,562,042	7,365,399	1,185,990,249	345,448	0	0	0	340,860,946	0	0		

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 376,610,092

Schedule S - Part 1 - Section 2
NONE

Schedule S - Part 2
NONE

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Priority Health

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Priority Health

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Priority Health

SCHEDULE S - PART 5
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2010	2 2009	3 2008	4 2007	5 2006
A. OPERATIONS ITEMS					
1. Premiums.....	1,602	1,350	1,064	888	1,837
2. Title XVIII-Medicare.....	43	21	9	7	0
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....	0	0	0	0	0
5. Total hospital and medical expenses.....	132	356	1,138	1,686	1,131
B. BALANCE SHEET ITEMS					
6. Premiums receivable	0	0	0	0	0
7. Claims payable.....	0	0	0	0	0
8. Reinsurance recoverable on paid losses.....	0	0	0	0	357
9. Experience rating refunds due or unpaid.....	0	0	0	0	0
10. Commissions and reinsurance expense allowances unpaid.....	0	0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F).....	0	0	0	0	0
13. Letters of credit (L).....	0	0	0	0	0
14. Trust agreements (T).....	0	0	0	0	0
15. Other (O).....	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Priority Health

SCHEDULE S-PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	387,339,938	1,645,356	388,985,294
2. Accident and health premiums due and unpaid (Line 15).....	17,876,135		17,876,135
3. Amounts recoverable from reinsurers (Line 16.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	(1,645,356)	(1,645,356)
5. All other admitted assets (Balance).....	20,021,237		20,021,237
6. Total assets (Line 28)	425,237,310	0	425,237,310
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	128,605,228	0	128,605,228
8. Accrued medical incentive pool and bonus payments (Line 2).....	27,462,429		27,462,429
9. Premiums received in advance (Line 8).....	11,972,775		11,972,775
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19).....	0		0
11. Reinsurance in unauthorized companies (Line 20).....	0		0
12. All other liabilities (Balance).....	53,076,972		53,076,972
13. Total liabilities (Line 24).....	221,117,404	0	221,117,404
14. Total capital and surplus (Line 33).....	204,119,906	XXX	204,119,906
15. Total liabilities, capital and surplus (Line 34)	425,237,310	0	425,237,310
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid.....	0		
17. Accrued medical incentive pool.....	0		
18. Premiums received in advance	0		
19. Reinsurance recoverable on paid losses	0		
20. Other ceded reinsurance recoverables	(1,645,356)		
21. Total ceded reinsurance recoverables	(1,645,356)		
22. Premiums receivable	0		
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24. Unauthorized reinsurance	0		
25. Other ceded reinsurance payables/offsets	0		
26. Total ceded reinsurance payables/offsets	0		
27. Total net credit for ceded reinsurance	(1,645,356)		

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Priority Health

**SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN**

Allocated By States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL					0
2. Alaska	AK					0
3. Arizona	AZ					0
4. Arkansas	AR					0
5. California	CA					0
6. Colorado	CO					0
7. Connecticut	CT					0
8. Delaware	DE					0
9. District of Columbia	DC					0
10. Florida	FL					0
11. Georgia	GA					0
12. Hawaii	HI					0
13. Idaho	ID					0
14. Illinois	IL					0
15. Indiana	IN					0
16. Iowa	IA					0
17. Kansas	KS					0
18. Kentucky	KY					0
19. Louisiana	LA					0
20. Maine	ME					0
21. Maryland	MD					0
22. Massachusetts	MA					0
23. Michigan	MI					0
24. Minnesota	MN					0
25. Mississippi	MS					0
26. Missouri	MO					0
27. Montana	MT					0
28. Nebraska	NE					0
29. Nevada	NV					0
30. New Hampshire	NH					0
31. New Jersey	NJ					0
32. New Mexico	NM					0
33. New York	NY					0
34. North Carolina	NC					0
35. North Dakota	ND					0
36. Ohio	OH					0
37. Oklahoma	OK					0
38. Oregon	OR					0
39. Pennsylvania	PA					0
40. Rhode Island	RI					0
41. South Carolina	SC					0
42. South Dakota	SD					0
43. Tennessee	TN					0
44. Texas	TX					0
45. Utah	UT					0
46. Vermont	VT					0
47. Virginia	VA					0
48. Washington	WA					0
49. West Virginia	WV					0
50. Wisconsin	WI					0
51. Wyoming	WY					0
52. American Samoa	AS					0
53. Guam	GU					0
54. Puerto Rico	PR					0
55. US Virgin Islands	VI					0
56. Northern Mariana Islands	MP					0
57. Canada	CN					0
58. Aggregate Other Alien	OT					0
59. Totals		0	0	0	0	0

NONE

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Priority Health

SCHEDULE Y
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Priority Health

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

- | | |
|---|---------------|
| 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? |YES..... |
| 2. Will an actuarial opinion be filed by March 1? |YES..... |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? |YES..... |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? |YES..... |

APRIL FILING

- | | |
|--|---------------|
| 5. Will Management's Discussion and Analysis be filed by April 1? |YES..... |
| 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? |YES..... |
| 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? |YES..... |

JUNE FILING

- | | |
|--|---------------|
| 8. Will an audited financial report be filed by June 1? |YES..... |
| 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? |YES..... |

AUGUST FILING

- | | |
|--|---------------|
| 10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1? |YES..... |
|--|---------------|

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

- | | |
|--|---------------|
| 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? |YES..... |
| 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? |NO..... |
| 13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC? |NO..... |
| 14. Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? |NO..... |
| 15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? |NO..... |
| 16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatories 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? |NO..... |
| 17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? |NO..... |

APRIL FILING

- | | |
|--|---------------|
| 18. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? |NO..... |
| 19. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? |NO..... |
| 20. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? |NO..... |
| 21. Will the Supplemental Health Care Exhibit be filed with the state of domicile and the NAIC by April 1? |NO..... |
| 22. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1? |YES..... |

AUGUST FILING

- | | |
|--|---------------|
| 23. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? |YES..... |
|--|---------------|

EXPLANATION:

12.

13.

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BAR CODE:



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Priority Health
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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9 5 5 6 1 2 0 1 0 4 2 0 0 0 0 0 0 0 0 0

15. 
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16. 
9 5 5 6 1 2 0 1 0 3 7 0 0 0 0 0 0 0 0 0

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21. 
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OVERFLOW PAGE FOR WRITE-INS



SUPPLEMENTAL EXHIBIT FOR THE YEAR 2010 OF THE Priority Health

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2010

(To Be Filed by March 1)

FOR THE STATE OF Michigan

NAIC Group Code 3383
 Address (City, State and Zip Code) Grand Rapids, Michigan 49504
 Person Completing This Exhibit Kristy Shoemaker
 Title Senior Accountant

NAIC Company Code 95561
 Telephone Number 616-464-8926

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2007			Policies Issued in 2008, 2009, 2010				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
Yes	1955	A		0234000	12/02/2009			05/31/2010	Priority Health Medigap Plan A		0.0			1,320	111	8.4	0
Yes	1956	C		0234000	12/02/2009			05/31/2010	Priority Health Medigap Plan C		0.0			13,779	7,093	51.5	0
Yes	1957	F		0234000	12/02/2009			05/31/2010	Priority Health Medigap Plan F		0.0			168,330	117,796	70.0	0
Yes	2098	A		0234000	04/26/2010				Priority Health Medigap Plan A		0.0			3,178	1,668	52.5	8
Yes	2099	C		0234000	04/26/2010				Priority Health Medigap Plan C		0.0			2,379	3,043	127.9	6
Yes	2100	F		0234000	04/26/2010				Priority Health Medigap Plan F		0.0			336,389	215,065	63.9	515
Yes	2101	N		0234000	04/26/2010				Priority Health Medigap Plan N		0.0			4,927	672	13.6	18
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	530,302	345,448	65.1	547
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details:
n/a
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state
 - Address:
 - Contact Person and Phone Number:
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address:
 - Contact Person and Phone Number:
- Explain any policies identified above as policy type "O"
n/a

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